



33-18-55

PTO/SB/21 (03-04)

Approved for use through 07/31/2008. GMBH 0861-GMBH

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8+3
References

Application Number	10/642,807
Filing Date	August 15, 2003
First Named Inventor	Jason LEWIS
Art Unit	1623
Examiner Name	E. Peselev
Attorney Docket Number	342312004900

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO/SB/08a/b + copy (2 pages) References (3) Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement (3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

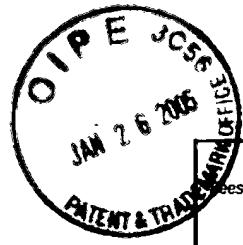
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	John W. Tessman		
Date	January 26, 2005	Reg. No.	43,949

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336622212 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated January 26, 2005

Signature: (Georgina Matos)



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Effective on 12/08/2004.
See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

FEE TRANSMITTAL For FY 2005

		Complete if Known	
		Application Number	10/642,807
		Filing Date	August 15, 2003
		First Named Inventor	Jason LEWIS
		Examiner Name	E. Peselev
		Art Unit	1623
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number 03-1952 Deposit Account Name Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
23	- 23 = 0	x 50.00	= 0			
					360	0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 5 = 0	x 200.00	= 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1806 Submission of an Information Disclosure Statement

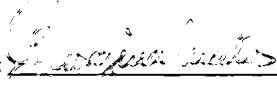
180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,949	Telephone	(650) 813-5786
Name (Print/Type)	John W. Tessman		Date	January 26, 2005	



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Dated: January 26, 2005 Signature: 
(Georgina Matos)

PATENT
Docket No. 342312004900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jason LEWIS et al.

Serial No.: 10/642,807

Filing Date: August 15, 2003

For: LINCOMYCIN DERIVATIVES
POSSESSING ANTIBACTERIAL
ACTIVITY

Examiner: E. Peselev

Group Art Unit: 1623

**SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. §1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a/b. Copies of the foreign document and non-patent literature are submitted herewith. The Examiner is requested to make these documents of record.

The document number 3 listed on the attached Form PTO/SB/08a/b was cited in a corrected version of an International Search Report mailed on July 26, 2004 directed to a counterpart international or foreign application and was not previously submitted.

RECEIVED - DEPARTMENT OF COMMERCE - U.S. PATENT AND TRADEMARK OFFICE

EX-1736203

000-00-00

pa-949225

The documents numbered 1, 2, 4 and 5 listed on the attached Form PTO/SB/08a/b were cited in an Invitation To Pay Additional Fees mailed on December 30, 2004, directed to a counterpart international or foreign application and have not been previously cited. A certification under 37 C.F.R. § 1.97(e)(1) follows:

I hereby certify that each item of information was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

This Supplemental Information Disclosure Statement is submitted:

- With the application; accordingly, no fee or separate requirements are required.
- Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
 - A fee is required. A check in the amount of __ is enclosed.
 - A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of __ is enclosed.
 - A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

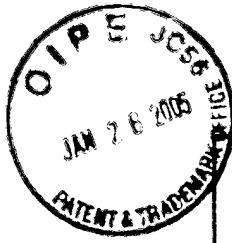
The information contained in this Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 342312004900. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: January 26, 2005

Respectfully submitted,

By 
John W. Tessman
Registration No.: 43,949
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304
(650) 813-5786



Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

				<i>Complete if Known</i>
Application Number				10/642,807
Filing Date				August 15, 2003
First Named Inventor				Jason LEWIS
Art Unit				1623
Examiner Name				E. Peselev
Sheet	1	of	1	Attorney Docket Number 342312004900

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
1.	US-2004/0230046-A1	11-18-2004	Lewis et al.		
2.	US-3,282,917	01-11-1966	Magerlein		
3.	US-3,549,615	12-22-1970	Birkenmeyer		
4.	US-3,555,007	01-12-1971	Magerlein		

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	<input checked="" type="checkbox"/> T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
5.	WO-2004/016632-A2, A3			Vicuron Pharmaceuticals, Inc.		

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	<input checked="" type="checkbox"/> T ²
	6.	Corrected version of an International Search Report mailed on July 26, 2004, for PCT Patent Application PCT/US03/25820 filed on August 15, 2003, 2 pages.	
	7.	Invitation To Pay Additional Fees mailed December 30, 2004 issued for PCT Patent Application Number PCT/US2004/019689 filed on June 17, 2004, 5 pages.	

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
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pa- 949232